



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

August 5, 2005

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES, AREA MENTAL HEALTH
DIRECTOR, LOCAL HEALTH DEPARTMENT DIRECTOR AND COUNTY
DEPARTMENT ON AGING DIRECTOR**

ATTENTION: Adult Services Staff

SUBJECT: GUARDIANSHIP TRAINING SERIES

The NC Division of Aging and Adult Services will offer a series of guardianship trainings during FY 2005-2006. This series consists of three different trainings that are available to disinterested public agent guardians and their representatives. Each of the trainings will be offered four times at different sites across the state. The trainings are presented in such a way that it is necessary for participants to take the trainings in sequence (Guardianship I, II and III). This letter contains information about the trainings, as well as dates and locations where each will be offered.

• **GUARDIANSHIP I: A SYSTEMATIC APPROACH**

Prerequisite: None required.

This is the first of the guardianship training series. The focus of the training is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. It includes information on guardianship law and legal proceedings, DHHS policy requirements, practice guidelines and issues related to guardianship service provision. Training methods include lecture, small and large group discussion, presentations by experts in content areas, skills practice and a case study.

This training is designed for directors or assistant directors of county departments of social services, area mental health authorities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Social workers, case managers, public health nurses, county department of aging staff, supervisors and others who handle the daily responsibilities for guardianship services should also attend.

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The dates and locations for this two-day training are listed below.

Workshop Dates and Locations

September 27 – 28, 2005

Onslow Co. DSS
DSS Training Center
1245 Hargett Street
Jacksonville, NC

October 4 – 5, 2005

Forsyth Co. DSS
741 N. Highland Avenue
Winston-Salem, NC

March 2 – 3, 2006

Edgecombe Co. DSS
301 N. Fairview Road
Rocky Mount, NC

April 18 – 19, 2006

Burke Co. Human Resources Bldg.
700 East Parker Road
Morganton, NC

- **GUARDIANSHIP II: PLANNING SERVICES WITH WARDS AND THEIR FAMILIES**

Prerequisite: Completion of “Guardianship I: A Systematic Approach”.

The second training in the series provides a framework for organizing work with wards and their families to create positive change and enhance decision making. This framework includes core activities such as conducting a comprehensive functional assessment, identifying areas for change, establishing goals, planning for interventions and services, implementing services, monitoring, reassessment and case closing. Training methods include lectures, small and large group discussions, skills practice exercises and case studies.

The training is intended for social workers, case managers, public health nurses, county department on aging staff, supervisors and others who handle the daily responsibilities for guardianship.

The dates and locations for this two-day training are listed below.

Workshop Dates and Locations

November 3 – 4, 2005

Onslow Co. DSS
DSS Training Center
1245 Hargett Street
Jacksonville, NC

December 1 – 2, 2005

Forsyth Co. DSS
741 N. Highland Avenue
Winston-Salem, NC

March 21 – 22, 2006

Edgecombe Co. DSS
301 N. Fairview Road
Rocky Mount, NC

May 11 – 12, 2006

Burke Co. Human Resources Bldg.
700 East Parker Road
Morganton, NC

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- **GUARDIANSHIP III: DECISION MAKING: AN ETHICAL PERSPECTIVE**

Prerequisite: Completion of “Guardianship I: A Systematic Approach” and “Guardianship II: Planning Services with Wards and Their Families”.

The last guardianship training in the series is intended for line staff who handle daily guardianship responsibilities, including decision making for the wards in their care. Since decision making is a fundamental responsibility of guardianship, it is of utmost importance that a guardian/guardian representative make principled, informed decisions that are in the best interest of each ward. This training provides an opportunity for in-depth discussions about decision making and the ethical dilemmas associated with making difficult decisions on behalf of wards.

This training would benefit program administrators, supervisors, social workers, public health nurses, case managers and others delegated the responsibility and support for wards.

The dates and locations for this two-day training are listed below.

Workshop Dates and Locations

January 4 – 5, 2006

Columbus Co. DSS
40 Government Complex Road
Whiteville, NC

January 18 – 19, 2006

Rowan Co. Emergency Services Bldg.
2727 Old Concord Road
Salisbury, NC

April 11- 12, 2006

Martin Community College
Building 1, Room 14
1161 Kehukee Park Road
Williamston, NC

June 1- 2, 2006

Watauga Co. DSS
132 Poplar Grove Connector
Suite C
Boone, NC

Registration

No registration fee is required for the trainings; however, participants must preregister. A registration form is attached, which may be photocopied if needed. Participants must preregister for each training they wish to attend. Registration forms should be sent to the Division of Aging and Adult Services at least two weeks in advance of the training. It is important that the registration form be filled out completely. There is no restriction on the number of staff members who may attend any specific training. Substitutions may be sent for staff members who have registered for a particular training and are unable to attend. Individuals who register for training will be sent a confirmation letter with directions to the training and a list of local lodging accommodations.

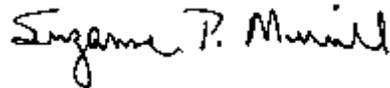
Completed registration forms may be faxed to Monica Nealous at (919) 715-0023, or mailed to: NC Division of Aging and Adult Services, ATTN: Monica Nealous, Adult Services Section, 2101 Mail Service Center, Raleigh, NC 27699-2101. On-line registration is also available at <http://www.ncswtrain.org/>.

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Participants are welcome to bring their own snacks and beverages since refreshments will not be provided at the trainings.

Please share this training information with appropriate staff members. If you have questions or need additional information about the content of the trainings, please contact Kate Walton, Guardianship Program Consultant, at (919) 733-3818. County departments of social services may contact their Adult Programs Representative. Questions regarding preregistration may be directed to Monica Nealous at the above number.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large initial 'S'.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/ksw
Attachment
AFS-14-2005

Adult Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event? (For prerequisite information please refer to the training description)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable for this Training
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First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Social Security Number: _____ Gender: Female Male
 (SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
 () _____ () _____
 Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type: <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	Work Type: <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	Program Responsibilities: If you are NOT a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	Other Roles: Complete this box if you are NOT a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other				
<table style="width: 100%;"> <tr> <td style="width: 50%;">Highest Degree</td> <td style="width: 50%;">Highest Social Work Degree</td> </tr> <tr> <td> <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor </td> <td> <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW </td> </tr> </table>		Highest Degree	Highest Social Work Degree	<input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	<input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW		
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Training Event
To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached Training Event you are registering for: _____ Date(s) of Training Event: _____ Location of Training Event: _____ If you are replacing a registered co-worker, what is his/her name: _____ If you are making up a missed training day, which day are you making up? _____